

Complete Summary

GUIDELINE TITLE

Spectrum of noninfectious health effects from molds.

BIBLIOGRAPHIC SOURCE(S)

Committee on Environmental Health, American Academy of Pediatrics, Kim JJ, Mazur LJ. Spectrum of noninfectious health effects from molds. Pediatrics 2006 Dec;118(6):2582-6. [25 references] [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

All clinical reports and policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

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SCOPE

DISEASE/CONDITION(S)

Noninfectious health effects from exposure to molds, including:

- Immune mediated (allergic rhinitis/conjunctivitis, asthma, hypersensitivity pneumonitis, allergic bronchopulmonary aspergillosis [ABPA], allergic fungal sinusitis [AFS])
- Nonimmune mediated (irritant symptoms, inhalation fever, acute idiopathic pulmonary hemorrhage [AIPH] in infants, toxin-mediated diseases)

GUIDELINE CATEGORY

Evaluation
Management
Prevention

CLINICAL SPECIALTY

Allergy and Immunology
Family Practice
Pediatrics

INTENDED USERS

Physicians

GUIDELINE OBJECTIVE(S)

To describe the pediatrician's role in the education of families about mold, its adverse health effects, exposure prevention, and remediation procedures

TARGET POPULATION

Children with environmental exposure or potential exposure to molds

INTERVENTIONS AND PRACTICES CONSIDERED

1. Inquiring about presence of mold or water damage in patient's home
2. Providing guidance for families on:
 - Health issues associated with mold exposure
 - Prevention/reduction of mold exposure
3. Education of families on mold remediation

MAJOR OUTCOMES CONSIDERED

Adverse health effects associated with exposure to mold

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Not stated

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not applicable

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

1. Because there are established health hazards, inquire about the presence of mold as part of a "healthy home" inventory. Questions about a child's environment are basic to a comprehensive pediatric health history (American Academy of Pediatrics, 2003). Questions can be incorporated during visits for health supervision or sick visits. Asking about a child's environment should be routine for children with common illnesses, such as allergic

- rhinitis/conjunctivitis and asthma, as well as for those with less common illnesses, such as hypersensitivity pneumonitis.
2. Provide guidance to parents of all children about:
 - The adverse health effects of mold exposure, especially the causal relationship between mold and allergic illness and respiratory symptoms; and
 - Preventing and reducing mold exposure in the immediate indoor and outdoor environments.
 3. Educate families on mold remediation. Visible signs of mold growth (e.g., discolored patches or cottony or speckled growth on walls or furniture, evidence of dampness or water damage or an earthy musty odor in a particular area) suggest a damp environment and mold growth. In areas where flooding has occurred, prompt cleaning (within 24 hours) of walls and other flood-damaged items is necessary to prevent mold growth. Testing the environment for specific molds is usually not necessary. In general, individuals can perform mold cleanup for areas less than 10 ft (Centers for Disease Control and Prevention, 1997).
 4. When treating an infant with acute idiopathic pulmonary hemorrhage (AIPH), inquire about mold and water damage in the home. Report cases of AIPH to state health departments. Although a causal relationship between AIPH and damp, moldy indoor environments has not been firmly established, the knowledge is incomplete at this time. Therefore, it is prudent to recommend that parents of infants with AIPH try to find and eliminate sources of chronic moisture and mold growth before the child returns to the home. Avoidance of exposure to secondhand cigarette smoke is always recommended, but especially in cases of AIPH.
 5. Be aware that there are no uniformly accepted, valid, quantitative environmental sampling methods or serologic tests to assess exposures to mold and other agents associated with damp indoor environments. There are also no accepted valid airborne levels of mold that predict adverse health effects.
 6. Be aware that there is currently no method to test humans for toxigenic mold exposure (California Department of Health Services, 2005).
 7. Be aware that mold-contaminated foods (especially grains) can contain harmful amounts of mycotoxins. The US Department of Agriculture has set allowable limits in certain food items and has some routine monitoring in place to prevent harmful ingestion of mycotoxin-contaminated foods. Inquire about dietary history if a mycotoxin-induced illness is suspected.

See the original guideline document for recommendations to government.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Prevention of mold-related clinical illness in children and improvements in environmental quality

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

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The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2006 Dec

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Environmental Health

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- Mazur LJ, Kim J; American Academy of Pediatrics, Committee on Environmental Health. Spectrum of noninfectious health effects from molds [technical report]. Pediatrics. 2006;118(6). Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on April 2, 2007. The information was verified by the guideline developer on April 9, 2007.

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